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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7847

CERTIFICATE OF DEATH

07853

Reg. Dist. No.

| | | | |
|--|---------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>CAROLINE</u> MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>CAROLINE</u> | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>DENTON</u> | | c. LENGTH OF STAY IN 1b <u>35 yrs</u> | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) <u>EMMA</u> First <u>EVELYN</u> Middle <u>CARROLL</u> Last | | 4. DATE OF DEATH <u>July 1, 1960</u> Month <u>July</u> Day <u>1</u> Year <u>1960</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Oct 26, 1873</u> 9. AGE (In years last birthday) <u>86</u> yrs. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>home</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Maryland</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13. FATHER'S NAME <u>Levin Poole</u> | | 14. MOTHER'S MAIDEN NAME <u>Eliza Unknown</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>—</u> | |
| 17. INFORMANT <u>James Baker, Denton, Md.</u> Address | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>450.1</u> DUE TO <u>Myocardial infarction</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Arterio-sclerosis</u> (c) <u>—</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 mos</u> <u>5411-</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>—</u> | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u> | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from <u>June 30, 1960</u> to <u>July 1, 1960</u> that I last saw the deceased alive on <u>June 30, 1960</u> , and that death occurred at <u>3 A.</u> M. from the causes and on the date stated above. | | | |
| ACTUAL SIGNATURE <u>Dawson D. George</u> M.D. | | DATE SIGNED <u>7-1-60</u> | |
| PHYSICIAN'S NAME (Type) <u>Dawson D. George</u> | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 22b. DATE THEREOF <u>July 3, 1960</u> | |
| 22c. NAME OF CEMETERY OR CREMATORY <u>Denton</u> | | 22d. LOCATION (City, town, or county) (State) <u>Denton, Md.</u> | |
| 23. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Moore</u> ADDRESS <u>Denton</u> | | 24a. REC'D BY REGISTRAR DATE <u>JUL 7 '60</u> | |
| | | 24b. REGISTRAR'S SIGNATURE <u>Arthur S. Kline</u> | |

CERTIFICATE OF DEATH



| | | | | | |
|---|--|--|--|---|--|
| 1. NAME OF DECEASED <u>JOHN J. SMITH</u> | | 2. SEX <u>Male</u> | | 3. AGE <u>45</u> | |
| 4. DATE OF DEATH <u>Jan 15 1918</u> | | 5. TIME OF DEATH <u>10:30 AM</u> | | 6. PLACE OF DEATH <u>Home</u> | |
| 7. OCCUPATION <u>Engineer</u> | | 8. CAUSE OF DEATH <u>Heart Disease</u> | | 9. MANNER OF DEATH <u>Natural</u> | |
| 10. SIGNATURE OF PHYSICIAN <u>J. H. Smith</u> | | 11. SIGNATURE OF CLERK <u>J. H. Smith</u> | | 12. SIGNATURE OF WITNESSES <u>J. H. Smith</u> | |
| 13. SIGNATURE OF DECEASED <u>J. H. Smith</u> | | 14. SIGNATURE OF NEXT OF KIN <u>J. H. Smith</u> | | 15. SIGNATURE OF BURIAL OFFICER <u>J. H. Smith</u> | |
| 16. SIGNATURE OF REGISTRAR <u>J. H. Smith</u> | | 17. SIGNATURE OF CLERK <u>J. H. Smith</u> | | 18. SIGNATURE OF WITNESSES <u>J. H. Smith</u> | |
| 19. SIGNATURE OF DECEASED <u>J. H. Smith</u> | | 20. SIGNATURE OF NEXT OF KIN <u>J. H. Smith</u> | | 21. SIGNATURE OF BURIAL OFFICER <u>J. H. Smith</u> | |
| 22. SIGNATURE OF REGISTRAR <u>J. H. Smith</u> | | 23. SIGNATURE OF CLERK <u>J. H. Smith</u> | | 24. SIGNATURE OF WITNESSES <u>J. H. Smith</u> | |
| 25. SIGNATURE OF DECEASED <u>J. H. Smith</u> | | 26. SIGNATURE OF NEXT OF KIN <u>J. H. Smith</u> | | 27. SIGNATURE OF BURIAL OFFICER <u>J. H. Smith</u> | |
| 28. SIGNATURE OF REGISTRAR <u>J. H. Smith</u> | | 29. SIGNATURE OF CLERK <u>J. H. Smith</u> | | 30. SIGNATURE OF WITNESSES <u>J. H. Smith</u> | |
| 31. SIGNATURE OF DECEASED <u>J. H. Smith</u> | | 32. SIGNATURE OF NEXT OF KIN <u>J. H. Smith</u> | | 33. SIGNATURE OF BURIAL OFFICER <u>J. H. Smith</u> | |
| 34. SIGNATURE OF REGISTRAR <u>J. H. Smith</u> | | 35. SIGNATURE OF CLERK <u>J. H. Smith</u> | | 36. SIGNATURE OF WITNESSES <u>J. H. Smith</u> | |
| 37. SIGNATURE OF DECEASED <u>J. H. Smith</u> | | 38. SIGNATURE OF NEXT OF KIN <u>J. H. Smith</u> | | 39. SIGNATURE OF BURIAL OFFICER <u>J. H. Smith</u> | |
| 40. SIGNATURE OF REGISTRAR <u>J. H. Smith</u> | | 41. SIGNATURE OF CLERK <u>J. H. Smith</u> | | 42. SIGNATURE OF WITNESSES <u>J. H. Smith</u> | |
| 43. SIGNATURE OF DECEASED <u>J. H. Smith</u> | | 44. SIGNATURE OF NEXT OF KIN <u>J. H. Smith</u> | | 45. SIGNATURE OF BURIAL OFFICER <u>J. H. Smith</u> | |
| 46. SIGNATURE OF REGISTRAR <u>J. H. Smith</u> | | 47. SIGNATURE OF CLERK <u>J. H. Smith</u> | | 48. SIGNATURE OF WITNESSES <u>J. H. Smith</u> | |
| 49. SIGNATURE OF DECEASED <u>J. H. Smith</u> | | 50. SIGNATURE OF NEXT OF KIN <u>J. H. Smith</u> | | 51. SIGNATURE OF BURIAL OFFICER <u>J. H. Smith</u> | |
| 52. SIGNATURE OF REGISTRAR <u>J. H. Smith</u> | | 53. SIGNATURE OF CLERK <u>J. H. Smith</u> | | 54. SIGNATURE OF WITNESSES <u>J. H. Smith</u> | |
| 55. SIGNATURE OF DECEASED <u>J. H. Smith</u> | | 56. SIGNATURE OF NEXT OF KIN <u>J. H. Smith</u> | | 57. SIGNATURE OF BURIAL OFFICER <u>J. H. Smith</u> | |
| 58. SIGNATURE OF REGISTRAR <u>J. H. Smith</u> | | 59. SIGNATURE OF CLERK <u>J. H. Smith</u> | | 60. SIGNATURE OF WITNESSES <u>J. H. Smith</u> | |
| 61. SIGNATURE OF DECEASED <u>J. H. Smith</u> | | 62. SIGNATURE OF NEXT OF KIN <u>J. H. Smith</u> | | 63. SIGNATURE OF BURIAL OFFICER <u>J. H. Smith</u> | |
| 64. SIGNATURE OF REGISTRAR <u>J. H. Smith</u> | | 65. SIGNATURE OF CLERK <u>J. H. Smith</u> | | 66. SIGNATURE OF WITNESSES <u>J. H. Smith</u> | |
| 67. SIGNATURE OF DECEASED <u>J. H. Smith</u> | | 68. SIGNATURE OF NEXT OF KIN <u>J. H. Smith</u> | | 69. SIGNATURE OF BURIAL OFFICER <u>J. H. Smith</u> | |
| 70. SIGNATURE OF REGISTRAR <u>J. H. Smith</u> | | 71. SIGNATURE OF CLERK <u>J. H. Smith</u> | | 72. SIGNATURE OF WITNESSES <u>J. H. Smith</u> | |
| 73. SIGNATURE OF DECEASED <u>J. H. Smith</u> | | 74. SIGNATURE OF NEXT OF KIN <u>J. H. Smith</u> | | 75. SIGNATURE OF BURIAL OFFICER <u>J. H. Smith</u> | |
| 76. SIGNATURE OF REGISTRAR <u>J. H. Smith</u> | | 77. SIGNATURE OF CLERK <u>J. H. Smith</u> | | 78. SIGNATURE OF WITNESSES <u>J. H. Smith</u> | |
| 79. SIGNATURE OF DECEASED <u>J. H. Smith</u> | | 80. SIGNATURE OF NEXT OF KIN <u>J. H. Smith</u> | | 81. SIGNATURE OF BURIAL OFFICER <u>J. H. Smith</u> | |
| 82. SIGNATURE OF REGISTRAR <u>J. H. Smith</u> | | 83. SIGNATURE OF CLERK <u>J. H. Smith</u> | | 84. SIGNATURE OF WITNESSES <u>J. H. Smith</u> | |
| 85. SIGNATURE OF DECEASED <u>J. H. Smith</u> | | 86. SIGNATURE OF NEXT OF KIN <u>J. H. Smith</u> | | 87. SIGNATURE OF BURIAL OFFICER <u>J. H. Smith</u> | |
| 88. SIGNATURE OF REGISTRAR <u>J. H. Smith</u> | | 89. SIGNATURE OF CLERK <u>J. H. Smith</u> | | 90. SIGNATURE OF WITNESSES <u>J. H. Smith</u> | |
| 91. SIGNATURE OF DECEASED <u>J. H. Smith</u> | | 92. SIGNATURE OF NEXT OF KIN <u>J. H. Smith</u> | | 93. SIGNATURE OF BURIAL OFFICER <u>J. H. Smith</u> | |
| 94. SIGNATURE OF REGISTRAR <u>J. H. Smith</u> | | 95. SIGNATURE OF CLERK <u>J. H. Smith</u> | | 96. SIGNATURE OF WITNESSES <u>J. H. Smith</u> | |
| 97. SIGNATURE OF DECEASED <u>J. H. Smith</u> | | 98. SIGNATURE OF NEXT OF KIN <u>J. H. Smith</u> | | 99. SIGNATURE OF BURIAL OFFICER <u>J. H. Smith</u> | |
| 100. SIGNATURE OF REGISTRAR <u>J. H. Smith</u> | | 101. SIGNATURE OF CLERK <u>J. H. Smith</u> | | 102. SIGNATURE OF WITNESSES <u>J. H. Smith</u> | |

RECEIVED JAN 15 1918
BALTIMORE, MD.
STATE DEPARTMENT OF HEALTH
BALTIMORE, MD.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7849

CERTIFICATE OF DEATH

Reg. Dist. No.

07834

| | | | | | |
|--|----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Caroline MARYLAND | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Caroline | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federslsburg | | c. LENGTH OF STAY IN 1b 6 years | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federslsburg | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Hurlock Road | | | d. STREET ADDRESS Hurlock Road | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) ERNEST M. EVANS | | | 4. DATE OF DEATH Month JULY 19 Day 19 Year 60 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Mar. 24, 1876 | | 9. AGE (In years last birthday) 84 yrs. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Ret | | 10b. KIND OF BUSINESS OR INDUSTRY Own Farm | | 11. BIRTHPLACE (State or foreign country) Delaware | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |
| 13. FATHER'S NAME Albert J. Evans | | | 14. MOTHER'S MAIDEN NAME Martha E. Smith | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) | | 17. INFORMANT Address George L. Evans, Federslsburg, Maryland | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cremia DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Carcinomatous DUE TO (c) Carcinoma Prostate INTERVAL BETWEEN ONSET AND DEATH 2 wks - 2 yrs - 4 yrs - | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. 11 p. m. 19 | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | |
| 20f. (City or town) (County) (State) | | | | | |
| 21. I certify that I attended the deceased from 6-30 , 19 60 , to 7-19 , 19 60 , that I last saw the deceased alive on 7-19-60 , 19 60 , and that death occurred at 12:45 A.M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) 126 Bloomingdale Avenue DATE SIGNED ACTUAL SIGNATURE H. R. Trapnell M.D. Federslsburg, Maryland PHYSICIAN'S NAME (Type) H. R. Trapnell, M.D. | | | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 8/22/60 | | 22c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery | |
| 22d. LOCATION (City, town, or county) Laurel, Delaware | | (State) | | | |
| 23. FUNERAL DIRECTOR'S SIGNATURE Thomas Williams ADDRESS Federslsburg, Maryland | | | 24a. REC'D BY REGISTRAR DATE JUL 27 '60 | | 24b. REGISTRAR'S SIGNATURE Arthur S. Kneale |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1
7851
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

07835

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|---|----------------------------------|---|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Caroline MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Caroline | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Goldsboro | | c. LENGTH OF STAY IN 1b 53 Yrs. | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION None | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Jennie Middle O. Last Griffin | | 4. DATE OF DEATH Month 7 Day 17 Year 19 60 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 4-11-1878 |
| 9. AGE (In years less birthday) yrs. 82 | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY None | |
| 11. BIRTHPLACE (State or foreign country) Maryland | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Charles H. Conley | | 14. MOTHER'S MAIDEN NAME Lydia Moore | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT Marjorie Williams | | Address Goldsboro, Md. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE--EXTENSION DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) CEREBRAL HEMORRHAGE 6-25-60 DUE TO (c) HYPERTENSION | | INTERVAL BETWEEN ONSET AND DEATH 0 1 MONTH UNKNOWN | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) DIABETES MELLITUS - 10 YEARS | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that (I) (this hospital) attended the deceased from 6-25-60 to 7-17-60 that (I) (we) last saw the deceased alive on 7-16-1960 , and that death occurred at 12A M, from the causes and on the date stated above. | | | |
| 22a. SIGNATURE Robert H. Wright | | 22b. DATE SIGNED 7-19-60 | |
| 22c. PHYSICIAN'S NAME (Type) ROBERT H. WRIGHT | | 22d. ADDRESS GREENSBORO, MD. | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE THEREOF 7-20-60 | |
| 23c. NAME OF CEMETERY OR CREMATORY Greensboro | | 23d. LOCATION (City, town, or county) (State) Greensboro, Maryland | |
| 24. FUNERAL DIRECTOR'S SIGNATURE J. E. Boulais | | 25a. REC'D BY REGISTRAR DATE JUL 21 '60 | |
| ADDRESS Greensboro, Md. | | 25b. REGISTRAR'S SIGNATURE Arthur L. Hume | |

1901

CERTIFICATE OF DEATH

Caroline

Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7850

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08950

Reg. Dist. No.

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Caroline</u> <u>MARYLAND</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <u>Florida</u> b. COUNTY <u>V</u> | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Federalsburg</u> | | c. LENGTH OF STAY in 1b <u>1 week</u> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Perrine</u> <u>48X-3</u> | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>River Road</u> | | | | d. STREET ADDRESS <u>P.O. Box 843</u> | | | |
| 3. NAME OF DECEASED (Type or print) First <u>Harold</u> Middle <u>Jackson</u> Last <u>Jackson</u> | | | | 4. DATE OF DEATH Month <u>July</u> Day <u>19</u> Year <u>19 60</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>About 1926</u> | 9. AGE (In years last birthday) <u>About 34rs.</u> | IF UNDER 1 YEAR Months <u></u> Days <u></u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Canning Factory</u> | | 11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>Henry Jackson</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Unknown</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u> | | 16. SOCIAL SECURITY NO. <u>Unknown</u> | | 17. INFORMANT <u>Willie Mae Whattley, Federalsburg, Maryland</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Accidental Drowning</u> 929.8 DUE TO Conditions, if any, which gave rise to immediate cause (b) <u></u> (a), stating the underlying cause last. DUE TO (c) <u></u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u></u> | | | | | | | |
| 20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH. | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Drowning from Swimming</u> | | | | | |
| 20c. TIME OF INJURY Hour <u>7</u> p. m. <u>19</u> <u>1960</u> | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>Creek</u> | 20f. (City or town) <u>Federalsburg</u> | (County) <u>Caroline</u> | (State) <u>Md</u> | | |
| 21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/> . | | | | | | | |
| ACTUAL SIGNATURE <u>Dawson O George</u> | | | | M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> | | | |
| EXAMINER'S NAME (Type) <u>Dawson O George M.D.</u> | | | | ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> | | | |
| | | | | DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 22b. DATE THEREOF <u>July 26, 1960</u> | | 22c. NAME OF CEMETERY OR CREMATORY <u>City Morgue</u> | | 22d. LOCATION (City, town, or county) (State) <u>Baltimore</u> <u>Maryland</u> | |
| 23. FUNERAL DIRECTOR'S SIGNATURE <u>J.J. Framptom and Son, Federalsburg, Maryland</u> | | | | 24a. REC'D BY REGISTRAR <u>DATE 6 '60</u> | | 24b. REGISTRAR'S SIGNATURE <u>Charles S. Hines</u> | |

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the required information prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7848

CERTIFICATE OF DEATH

Reg. Dist. No.

07836

| | | | | | | | |
|--|------------------------------|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>CAROLINE</u> MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>MARYLAND</u> b. COUNTY <u>CAROLINE</u> | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>DENTON</u> | | | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>DENTON</u> | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION | | | | d. STREET ADDRESS | | | |
| e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | | |
| 3. NAME OF DECEASED (Type or print) First <u>EARL</u> Middle <u>LANE</u> Last <u>LANE</u> | | | | 4. DATE OF DEATH Month <u>JULY</u> Day <u>15</u> Year <u>1960</u> | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>NOV 8, 1907</u> | 9. AGE (In years last birthday) yrs. <u>52</u> | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BRICK MASON</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u> | | 11. BIRTHPLACE (State or foreign country) <u>Maryland</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13. FATHER'S NAME <u>CONRAD LANE</u> | | | | 14. MOTHER'S MAIDEN NAME <u>ELIZABETH SLOAN</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>Mrs. Julia Lane, Denton, Md.</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY THROMBOSIS</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>ANGINA PECTORIS</u> DUE TO (c) <u>ARTERIOSCLEROSIS</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 sudden</u> <u>4 months</u> <u>?</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. <u>19</u> | | | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | |
| | | | | 20f. (City or town) (County) (State) | | | |
| 21. I certify that I attended the deceased from <u>Feb 29</u> , 19 <u>60</u> , to <u>July 13</u> , 19 <u>60</u> , that I last saw the deceased alive on <u>July 13</u> , 19 <u>60</u> , and that death occurred at <u>8 A</u> M, from the causes and on the date stated above. | | | | | | | |
| ACTUAL SIGNATURE <u>H.L. Small</u> | | | | ADDRESS (Street, city or town, state) <u>Denton, Md.</u> | | | |
| PHYSICIAN'S NAME (Type) <u>H.L. Small, M.D.</u> | | | | DATE SIGNED <u>Denton, Md.</u> | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 22b. DATE THEREOF <u>July 18, 1960</u> | | 22c. NAME OF CEMETERY OR CREMATORY <u>Denton</u> | | 22d. LOCATION (City, town, or county) (State) <u>Denton, Md.</u> | |
| 23. FUNERAL DIRECTOR'S SIGNATURE <u>James Moore</u> ADDRESS <u>Denton</u> | | | | 24a. REC'D BY REGISTRAR DATE <u>JUL 25 '60</u> | | 24b. REGISTRAR'S SIGNATURE <u>Arthur S. Kraus</u> | |

CERTIFICATE OF DEATH

1944

| | | | |
|------------------------|--|------------------------|--|
| PLACE OF DEATH | | LOCALITY | |
| HOSPITAL | | CITY | |
| COUNTY | | STATE | |
| DATE OF DEATH | | TIME OF DEATH | |
| AGE | | SEX | |
| RACE | | RELIGION | |
| MARRIAGE | | EDUCATION | |
| OCCUPATION | | HISTORY | |
| CAUSE OF DEATH | | MANNER OF DEATH | |
| SIGNATURE OF PHYSICIAN | | SIGNATURE OF REGISTRAR | |
| DATE | | TIME | |

MASSACHUSETTS DEPARTMENT OF HEALTH - BOSTON, ONE 12
 BOSTON, MASS.
 DECEMBER 1, 1944

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 (4)
15M 9/59

7852

7852

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

07837

| | | | |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Caroline MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Maryland b. COUNTY Caroline | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Marydel | | c. LENGTH OF STAY IN 1b 5 Yrs. | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Marydel |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION None | | d. STREET ADDRESS None | |
| e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) Mayme First Bessie Middle Mack Last | | 4. DATE OF DEATH Month 7 Day 18 Year 19 60 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 5-23-1904 |
| 9. AGE (In years last birthday) 56 yrs. | | 10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY None | |
| 11. BIRTHPLACE (State or foreign country) Penna. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME William Stone | | 14. MOTHER'S MAIDEN NAME No Record | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT C. Jerome Mack Address Rural Marydel, Md. | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: 420.1 IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | INTERVAL BETWEEN ONSET AND DEATH Instant | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that (I) (this hospital) attended the deceased from 19-18 to 7-18 19 60 , that (I) (we) last saw the deceased alive on 7-18 19 60 and that death occurred at 4:30P from the causes and on the date stated above. | | | |
| 22a. SIGNATURE Harry H. Kline | | 22b. DATE SIGNED 7-19-60 | |
| 22c. PHYSICIAN'S NAME (Type) Wilmington, Delaware | | 22d. ADDRESS | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE THEREOF 7-21-60 | |
| 23c. NAME OF CEMETERY OR CREMATORY Greensboro | | 23d. LOCATION (City, town, or county) (State) Greensboro, Md. | |
| 24. FUNERAL DIRECTOR'S SIGNATURE J. E. Boulais | | ADDRESS Greensboro, Md. | |
| 25a. REC'D BY REGISTRAR DATE JUL 21 '60 | | 25b. REGISTRAR'S SIGNATURE Arthur S. Kline | |

1857

CENTRAL

(M)

General Hospital, 2 Yrs.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. **07838**

7853

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Caroline MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Caroline | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Henderson | | | c. LENGTH OF STAY IN 1b 8 Yrs. | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Henderson | | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) None | | | | d. STREET ADDRESS None | | e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Joseph Middle M. Last Marien | | | | 4. DATE OF DEATH Month 7 Day 28 Year 19 60 | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH 11-2-1884 | |
| 9. AGE (In years last birthday) 75 yrs. | | IF UNDER 1 YEAR Months 7 Days 28 | | IF UNDER 24 HRS. Hours 19 Min. 60 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner | | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | | 11. BIRTHPLACE (State or foreign country) Austria | | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | | | |
| 13. FATHER'S NAME Peter M. Marien | | | | 14. MOTHER'S MAIDEN NAME Lucy Turic | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 217-14-8367 | | 17. INFORMANT Katherine Marien Henderson, Md. | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary heart disease 1777X DUE TO Cancer of Prostate Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) | | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 mos. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | |
| 20c. TIME OF INJURY Hour 19 o. m. 19 p. m. | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/>, Inspection <input checked="" type="checkbox"/>, Inquiry <input checked="" type="checkbox"/>, and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . | | | | | | | |
| ACTUAL SIGNATURE Dawson O. George M.D. | | | | CHIEF MEDICAL EXAMINER <input type="checkbox"/> | | DATE SIGNED 7-28-60 | |
| EXAMINER'S NAME (Type) Dawson O. George | | | | ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> | | | |
| DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> | | | | | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 7-30-60 | | 22c. NAME OF CEMETERY OR CREMATORY Greensboro | | 22d. LOCATION (City, town, or county) (State) Greensboro, Maryland | |
| 23. FUNERAL DIRECTOR'S SIGNATURE John E. Boulais | | | | ADDRESS Greensboro, Md. | | 24a. REC'D BY REGISTRAR AUG 1 '60 | |
| 24b. REGISTRAR'S SIGNATURE Arthur S. Huns | | | | | | | |

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

